

F 12/27 RECEIPT 2600

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Approved for use through 10/31/2002. OMB 0651-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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## TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	<b>Application Number</b>	09/702,576	
	<b>Filing Date</b>	10/31/00	
	<b>First Named Inventor</b>	Duree	
	<b>Group Art Unit</b>	2663	
	<b>Examiner Name</b>	unknown	
<b>Total Number of Pages in This Submission</b>	10	<b>Attorney Docket Number</b>	1105a

### ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form  <input type="checkbox"/> Fee Attached  <input type="checkbox"/> Amendment / Response  <input type="checkbox"/> After Final  <input type="checkbox"/> Affidavits/declaration(s)  <input type="checkbox"/> Extension of Time Request  <input type="checkbox"/> Express Abandonment Request  <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s)  <input type="checkbox"/> Response to Missing Parts/ Incomplete Application  <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application)  <input type="checkbox"/> Drawing(s)  <input type="checkbox"/> Licensing-related Papers  <input type="checkbox"/> Petition  <input type="checkbox"/> Petition to Convert to a Provisional Application  <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address  <input type="checkbox"/> Terminal Disclaimer  <input type="checkbox"/> Request for Refund  <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group  <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences  <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)  <input type="checkbox"/> Proprietary Information  <input type="checkbox"/> Status Letter  <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):  <b>Red-Lined Filing Receipt; Response to Request for Corrected Filing Receipt with note; copy of Declaration and POA; copy of Declaration on behalf of Deceased Inventor's legal representatives</b>
<b>Remarks</b>		It is believed that no fees are due in this matter. However, if it is determined that fees are due, the Commissioner is authorized to debit Deposit Account No. 21-0765 for the required fees.

### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

<b>Firm or Individual name</b>	Michael J. Setter, Reg. 37,936
<b>Signature</b>	
<b>Date</b>	12-12-02

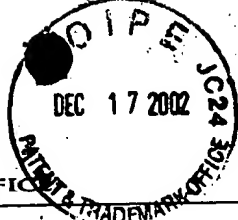
### CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date: <u>12-12-02</u>		
<b>Typed or printed name</b>	Laura S. Mellblom	
<b>Signature</b>		<b>Date</b> 12-12-02

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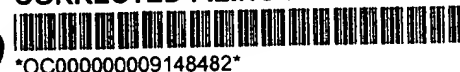
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29201/309C1

APPLICATION NUMBER	FILING DATE	GRP ART UNIT	FIL FEE REC'D	ATTY. DOCKET NO	DRAWINGS	TOT CLAIMS	IND CLAIMS
09/702,576	10/31/2000	2663	1078	1105a	10	36	4

CONFIRMATION NO. 1354

CORRECTED FILING RECEIPT



\*OC000000009148482\*

28004  
SPRINT  
6391 SPRINT PARKWAY  
KSOPHT0101-Z2100  
OVERLAND PARK, KS 66251-2100

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**FAEGRE & BENSON LLP**

Date Mailed: 11/22/2002

Receipt is acknowledged of this regular Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Filing Receipt Corrections, facsimile number 703-746-9195. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the USPTO processes the reply to the Notice, the USPTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

## Applicant(s)

Albert Daniel Duree, Independence, MO;  
Joseph Michael Christie, San Bruno, CA, Deceased;  
Jean M. Christie, Mt. Pleasant, PA, Legal Representative;  
Mark Sucharczuk, Mountain View, CA;

*Joseph S. Christie, Mt. Pleasant, PA, Legal Representative*

## Domestic Priority data as claimed by applicant

This application is a CON of 08/855,621 05/13/1997 PAT 6,178,170

## Foreign Applications

If Required, Foreign Filing License Granted 01/16/2001

Projected Publication Date: None, application is not eligible for pre-grant publication

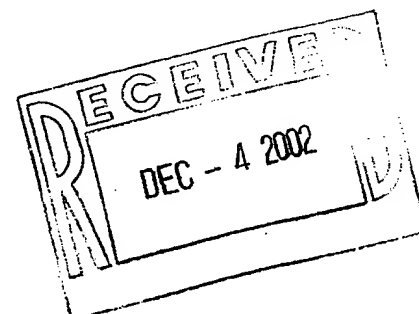
Non-Publication Request: No

Early Publication Request: No

## Title

System and method for transporting a call

Date docketed: *12/10/02*  
Docketed by: *[Signature]*  
See: \_\_\_\_\_  
Atty: \_\_\_\_\_



**Preliminary Class**

370

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Title 37, Code of Federal Regulations, 5.11 & 5.15**

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APPLICATION NUMBER	FILING DATE	FIRST NAMED APPLICANT	ATTY. DOCKET NO./TITLE
09/702,576	10/31/2000	Albert Daniel Duree	1105a

CONFIRMATION NO. 1354

28004  
SPRINT  
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OVERLAND PARK, KS 66251-2100

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**RESPONSE TO REQUEST FOR CORRECTED FILING RECEIPT**

**Claims, Fees, and Inventors**

In response to your request for a corrected Filing Receipt, the Office is unable to comply with the request because:

- ☐ The total number of claims appearing on the Filing Receipt does not include multiple dependent claims. The total fee appearing on the Filing Receipt includes the cost of multiple dependent claims that were present at the time the application was filed.
- ☐ The filing fee is correct. It may include additional claims fees and/or the surcharge under 37 CFR 1.16(e) for filing an oath/declaration or basic filing fee after the application filing date; or it may not reflect fees refunded to the applicant that were paid by mistake.
- ☐ The number of claims reflected on the filing receipt is correct. Upon review of the claims, it was found that there was a miscalculation by the applicant. This may be due to improperly presented multiple dependent claims, typographical error, misnumbering of the claims, or other oversight. An amendment may be necessary to correct the problem.
- ☐ The filing fee reflected on the filing receipt is correct. Applicant may have miscalculated the fees due.
- ☐ Applicant calculated fees as other than small entity; however, applicant asserted small entity status in the application. Therefore, fees were applied as small entity and the remainder was refunded to the applicant.
- ☐ The difference between the fees paid and the fees due was refunded to the applicant and will not be shown on the filing receipt.
- ☐ The inventor information may be truncated if the family name consists of more than 50 characters (letters and spaces combined) and if the given name consists of more than 50 characters (letters and spaces combined).

Date docketed: 12/10/02  
Docketed by: *llb*  
See: 18m  
Atty: \_\_\_\_\_

☐ The inventor's residence allows for up to 40 characters (letters and spaces combined).

☐ The inventor's residence will only include the city and state for U.S. residences or city and country for residences outside the U.S. (See MPEP 605.02).

☐ A petition to correct the inventorship is needed to make this change. See 37 CFR 1.48. For non-provisional applications, the petition should be directed to the Director of the examining group assigned to your application.

☐ Changes made after submission of an executed declaration to the inventor information other than correction of typographical errors must be submitted in the form of a substitute declaration. Change of inventorship requires a petition under 37 CFR 1.48.

☐ The number of drawings shown on the filing receipt reflects the number of drawing sheets submitted and is not necessarily equal to the number of figures submitted.

☐ The correspondence address was captured as directed by applicant on filing. If you wish correspondence to be directed otherwise, please submit a request for a change of address.

☐ The docket number allows a maximum of 25 characters.

☒ The person signing on behalf of the deceased inventor is reflected on the Filing Receipt as the legal representative.

*Please note there are two legal representatives signing on behalf of the deceased inventor. Attached is the Declaration for your reference.*

☐ The filing date of a parent application cannot be changed by this request. A petition to correct the filing date in the parent application is required.

Haimanot Tegbesu  
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